



Cobb County Business License Division

Mailing Address: P.O. Box 649

Marietta, GA 30061-0649

Office Location: 1150 Powder Springs Street, Suite 400

Marietta, Georgia 30064

Phone (770) 528-8410

Web site Address - www.cobbcounty.org

Email address: businesslicense@cobbcounty.org

Attorney Occupation Tax Form

Payment must be filed with this form to pay Occupation Tax. You will not be billed.

Please print with ink or type. In order for the appropriate tax or fee to be determined the application accompanied by all appropriate documents must be submitted in person.

Pursuant to the Georgia Immigration Reform Act **Effective January 1, 2012** all persons applying for a Cobb County Occupation Tax Certificate or Cobb County Business License must provide in person or electronically to the Cobb County Business License Division a secure and verifiable document as required by O.C.G.A. 50-36-1(e)(1) and sign the affidavit required by O.C.G.A. 50-36-1(e)(2), and the affidavit required by O.C.G.A. § 36-60-6(d). A list of secure and verifiable documents can be found at:

http://www.georgia.gov/vgn/images/portal/cit_1210/63/43/173963603Secure_and_verifiable_document_list%208.5.11.pdf

This Business is: ☐ New Application
☐ Ownership Change / Date ownership changed & Certificate # _____
☐ I am filing a name/or address change for Certificate # _____
☐ Reprint

Is this business located: ☐ Outside Cobb ☐ In Unincorporated Cobb ☐ Inside a City

1. Name Doing Business As _____ Business Phone # () _____

2. Name of Corporation _____

3. Business Address _____ Suite# _____ City _____ State _____ Zip _____

4. Mailing Address _____ Suite# _____ City _____ State _____ Zip _____

5. Email Address _____

6. Is property zoned? ☐ Residential ☐ Commercial ☐ Industrial

7. Full Detailed Description of Business _____

8. Are you an individual professional operating in a larger practice? ☐ Yes ☐ No

If paying per professional fee, list the number of professionals _____

9. Gross Receipts in GA from this location for the calendar year prior to this application \$ _____

Gross Receipts in GA from this location for the year two calendar years prior to this application \$ _____

10. Date Business began in Cobb County _____

11. Number of Employees _____

If a firm, answer questions 12-15. If an individual professional, please skip to question #16.

12. President/ Managing Member _____ DOB _____
 Home Address _____ Apt# _____ City _____ State _____ Zip _____
 Home Phone () _____ Alternate Phone () _____
13. Vice President/ Member _____
 Home Address _____ Apt# _____ City _____ State _____ Zip _____
 Home Phone () _____ Alternate Phone () _____
14. Secretary/ Member _____
 Home Address _____ Apt# _____ City _____ State _____ Zip _____
 Home Phone () _____ Alternate Phone () _____
15. Treasurer/ Member _____
 Home Address _____ Apt# _____ City _____ State _____ Zip _____
 Home Phone () _____ Alternate Phone () _____
16. Individual professional _____
 Home Address _____ Apt# _____ City _____ State _____ Zip _____
 Home Phone () _____ Alternate Phone () _____
17. Person Completing Application _____ Title _____
 Business Address _____ Apt# _____ City _____ State _____ Zip _____
 Business Phone () _____ Email Address _____

If this property is zoned residential, no clients, employees, sales, deliveries, storage of inventory, or equipment are allowed on the premises. Only one commercial vehicle not to exceed 12,500 pounds gross weight used as transportation by the occupant may be parked at the residence.

I swear or affirm that I have obtained or will obtain within sixty days of the date of this application a Cobb County Certificate of Occupancy as required by State law for the address listed on this application. I further understand I will call the Fire Marshal's office with any questions regarding a Certificate of Occupancy at (770) 528-8310.

I will comply with the Zoning

Restrictions stated above: _____
 (initials)

Signature: _____

I, _____, affirm that the facts stated by me are true.

This ____ day of _____, 20__.

Signature of applicant _____

() Owner () Manager () Other specify _____

*****APPLICANT MUST COMPLETE AFFIDAVIT AND PROVIDE A SECURE AND VERIFIABLE DOCUMENT*****

OFFICE USE ONLY:

Occ. Tax Cert. # _____

SIC Description _____ **Category** _____ **BL STAFF** _____

Due previous yr _____ **Due for 2 yrs prior to current yr** _____

Penalty _____ **Interest** _____ **Total Due\$** _____ **Receipt #** _____

Method of payment: CASH / CHECK # **Zoning Division** _____ **Approved/Denied**
 (circle one) (circle one)

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a **Business License / Occupational Tax Certificate** as referenced in O.C.G.A. § 50-36-1, from **Cobb County** the undersigned applicant verifies one of the following with respect to my application for public benefit:

CHECK ONLY ONE OPTION:

- 1)____ I am a United States citizen.
- 2)____ I am a legal permanent resident of the United States. **(Provide I-551)**
- 3)____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:
_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:
_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____(city), _____(state).

Signature of Applicant

Printed Name of Applicant

Applicant Phone Number

SUBSCRIBED AND SWORN
BEFORE ME ON THE
____DAY OF____20____

NOTARY PUBLIC
My Commission Expires:

Business Name _____

Occupation Tax Certificate /License #_____

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a(n) _____
[business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. §
36-60-6(d), from _____ [name of county or municipal corporation], the
undersigned applicant representing the private employer known as _____
[printed name of private employer] verifies one of the following with respect to my application for the above mentioned
document:

Number of Employees _____

1. Fill out this section between July 1, 2012, and June 30, 2013.

(a) _____ On January 1st of the below signed year the individual, firm, or corporation employed one
hundred (100) or more employees.

(b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than
one hundred (100) employees.

If the employer selected 1(a) please fill out Section 3 below.

2. Fill out this section on or after July 1, 2013.

(a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more
than ten (10) employees.

(b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than
ten (10) employees.

If the employer selected 2(a) please fill out Section 3 below.

**3. The employer has registered with and utilizes the federal work authorization program in accordance
with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned
private employer also attests that its federal work authorization user identification number and date of
authorization are as listed below:**

Federal Work Authorization User Identification Number

Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully
makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation
of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the ____ date of _____, 20____ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ____ DAY OF _____, 20____.

NOTARY PUBLIC
My Commission Expires: